

10/54304

**MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5							55						
6							56						
7	/						57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12	/						62						
13		/					63						
14		/					64						
15		/					65						
16	/	/					66						
17	/	/					67						
18	/	/					68						
19	/	/					69						
20	/	/	/				70						
21	/	/	/				71						
22			/				72						
23			/				73						
24			/				74						
25	/						75						
26	/						76						
27	/	/					77						
28	/	/					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42	/						92						
43	/						93						
44	/						94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													